

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u> FIRST <u>RICK</u> MI	OFFICE USE ONLY RECEIVED - 600 MAY - 5 PM 2:16 Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX <u>HARRIS</u>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>1229 GLENBURY CT</u> <u>ARLINGTON, TX 76006</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(817) 261-0435</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MR</u> FIRST <u>ELZIE</u> MI		
	NICKNAME LAST SUFFIX <u>ODOM</u>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>1019 BYRON CANE</u> <u>ARLINGTON, TX 76012</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(817) 265-8804</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>04 / 04 / 06</u> <u>05 / 03 / 06</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>05 / 13 / 06</u>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <u>ARLINGTON CITY COUNCIL, DISTRICT 1</u>
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		

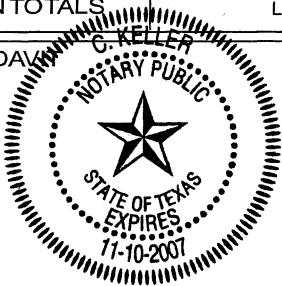
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME RICK HARRIS		16 ACCOUNT # (Ethics Commission filers)
17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	<p>.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..</p>	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1330.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5780.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 45.12
	4. TOTAL POLITICAL EXPENDITURES	\$ 8908.42
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2072.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5209.86

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Rick Harris
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Notary Public, this the 5th day of May, 20 06, to certify which, witness my hand and seal of office.

Charlie Keller
Signature of officer administering oath

Charlie Keller
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule A: 7	
2 FILER NAME RICK HARRIS				3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/4/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ARGENIA COOPER		7 Amount of contribution (\$) 100.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3105 WILLOWDALE DR ARLINGTON, TX 76016					
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 4/4/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WILLIAM AMENDOCA		Amount of contribution (\$) 75.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2702 ANTERO DR. ARLINGTON, TX 76006					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 4/7/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SMITH AND MAXINE HARRIS		Amount of contribution (\$) 100.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6006 GREEN FOREST CT ARLINGTON					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 4/8/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HILLMAN AND BRENDA SADLER		Amount of contribution (\$) 50.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2612 RIVER OAKS DR. ARLINGTON, TX 76006					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 4/9/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WILLIE MAE AND JOHN BEASLEY		Amount of contribution (\$) 50.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 50 NOLEN DR. DECATUR, IL 62521					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule A: 2067	
2 FILER NAME RICK HARRIS				3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/9/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELVIN AND STACEY MC CAMPBELL		7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 603 DELORES CT GRAND PRAIRIE, TX 75052					
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 4/9/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANDRA WEATHERSBY		Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 2830 FORESTWOOD DR. ARLINGTON, TX 76006					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 4/9/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARVEDA AND GLENN LEWIS		Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 6328 BANBURY DR. FT. WORTH, TX 76119					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 4/9/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAY FERRELL		Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1405 GARRISON ST. ARLINGTON, TX 76018					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 4/9/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BILL RENTZ		Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 2746 COPPER CHASE APT 103 ARLINGTON, TX 76006					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 3067	
2 FILER NAME RICK HARRIS		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/9/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TYRONE AND BEVERLY FRAZIER	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7216 FOSSIL RIM TRAIL ARLINGTON, TX 76002			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/9/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CAROLYN LEE	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1312 ROUNDTREE DR. EULESS, TX 76039			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/9/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOE AND VICKIE MOSS	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 381286 DUNCANVILLE, TX 75138			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/10/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KATRINA KEYES	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3003 STATE ST DALLAS, TX 75204			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/10/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TERRI SMITH - CROXTON	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2102 REFLECTION BAY ARLINGTON, TX 76013			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

4087

2 FILER NAME

RICK HARRIS

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/10/06

5 Full name of contributor

☐ out-of-state PAC (ID#:

ROBERT ROSS

7 Amount of
contribution (\$)

50.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

1600 MEADOWS DR.

COVINTH, MS 38834

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/12/06

Full name of contributor

☐ out-of-state PAC (ID#:

GARY MARTIN

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

P.O. BOX 91588

ARLINGTON, TX 76015

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13/06

Full name of contributor

☐ out-of-state PAC (ID#:

ROBERT CURRINGTON

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

2415 CROSS TIMBERS TRAIL

ARLINGTON, TX 76006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/14/06

Full name of contributor

☐ out-of-state PAC (ID#:

JAMES LEARY

Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

6003 GREEN FOREST CT

ARLINGTON, TX 76001

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/14/06

Full name of contributor

☐ out-of-state PAC (ID#:

CD BUTLER

Amount of
contribution (\$)

75.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

6009 GREEN FOREST CT

ARLINGTON, TX 76001

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 5067	
2 FILER NAME RICK HARRIS		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/16/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHARLETTA JONES	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4813 BOULDER RD FT. WORTH, TX 76180			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/16/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PATRICIA WEST	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 629 MARIETTA DECATUR, IL 62522			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/19/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HAROLD DIXSON	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3005 SHADY LN ARLINGTON, TX 76001			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/20/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CLIFFORD MYCOSKIE	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1409 WOODBINE ARLINGTON, TX 76012			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/21/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHARMAIN GAMBRELL	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5210 VICKSBURG ARLINGTON, TX 76017			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 6 OF 7	
2 FILER NAME RICK HARRIS		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/21/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HARVEY PHELPS	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2032 CAINS LANE MAUSFIELD, TX 76063			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/23/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROD AND SHIRLEY ADAMS	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3915 CROSS BEND DR ARLINGTON, TX 76016			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/23/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JEROME AND GEORGETTE BOOZER	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4621 LINCOLNSHIRE DR. GRAND PRAIRIE, TX 75032			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/23/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID AND ADEL ZAPPA SODI	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1908 WIMBLEDON DR. ARLINGTON, TX 76017			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/24/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOSEPH OSEI	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6004 ROYAL OAK DR. ARLINGTON, TX 76016			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule A: 7 of 7	
2 FILER NAME RICK HARRIS				3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/24/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KENNETH AND RITA PARSON		7 Amount of contribution (\$) 100.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4928 HIGH CREEK DR ARLINGTON, TX 76017					
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 4/24/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAMES CRIBBS		Amount of contribution (\$) 250.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 13060 ARLINGTON, TX 76013					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 4/24/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GERALD ALLEY		Amount of contribution (\$) 500.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 606 LOCH CHALET CT ARLINGTON, TX 76012					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 4/26/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MEHELLE AND JAMES DAVES		Amount of contribution (\$) 250.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10387 E. TIERRA DEL SOL HEREFORD, AZ 85615					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 4/30/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RAY AND HAZEL JARRETT		Amount of contribution (\$) 50.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1344 STORM DR. BEDFORD, TX 76022					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

1

2 FILER NAME

RICK HARRIS

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$ NONE

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID#: _____)8 Amount of
pledge (\$)9 In-kind description
(if applicable)

NONE

7 Pledgor address; City; State; Zip Code

Ø

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule E: <div style="text-align: right; font-size: 1.5em;">2</div>	
2 FILER NAME <div style="text-align: center; font-size: 1.2em;">RICK HARRIS</div>				3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒					\$ <div style="font-size: 1.5em;">∅</div>
5 Date of loan <div style="font-size: 1.2em;">4/5/06</div>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">RICK HARRIS</div>			9 Loan Amount (\$) <div style="font-size: 1.2em;">1500.00</div>	
6 Is lender a financial Institution? <div style="text-align: center;">Y <input checked="" type="radio"/> (N)</div>	8 Lender address; City; State; Zip Code <div style="font-size: 1.2em;">1229 GLENBURY CT ARLINGTON, TX 76006</div>			10 Interest rate <div style="text-align: center; font-size: 1.5em;">∅</div>	
12 Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em;">HR ASSISTANT MANAGER</div>			13 Employer (See Instructions) <div style="font-size: 1.2em;">LEAR CORPORATION</div>		
14 Description of Collateral <input checked="" type="checkbox"/> none					
15 GUARANTOR INFORMATION <div style="text-align: center;"><input checked="" type="checkbox"/> not applicable</div>		16 Name of guarantor 17 Guarantor address; City; State; Zip Code		18 Amount Guaranteed (\$)	
19 Principal Occupation			20 Employer		
Date of loan <div style="font-size: 1.2em;">4/7/06</div>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">OLIVURE HARRIS</div>			Loan Amount (\$) <div style="font-size: 1.2em;">500.00</div>	
Is lender a financial Institution? <div style="text-align: center;">Y <input checked="" type="radio"/> (N)</div>	Lender address; City; State; Zip Code <div style="font-size: 1.2em;">3633 N. EVERGREEN CT. PEORIA, IL 61604</div>			Interest rate <div style="text-align: center; font-size: 1.5em;">∅</div>	
Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em;">RETIRED</div>			Employer (See Instructions) <div style="font-size: 1.2em;">N/A</div>		
Description of Collateral <input checked="" type="checkbox"/> none					
GUARANTOR INFORMATION <div style="text-align: center;"><input checked="" type="checkbox"/> not applicable</div>		Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)	
Principal Occupation			Employer		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.**

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

282

2 FILER NAME

RICK HARRIS

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$ 0

5 Date of loan

4/28/06

7 Name of lender

RICK HARRIS

☐ out-of-state PAC (ID# _____)

9 Loan Amount (\$)

1500.00

6 Is lender a financial institution?

Y

(N)

8 Lender address; City; State; Zip Code

1229 GLENBURY CT
ARLINGTON, TX 76006

10 Interest rate

0

11 Maturity date

0

12 Principal occupation / Job title (See Instructions)

HR ASSISTANT MANAGER

13 Employer (See Instructions)

LEAR CORPORATION

14 Description of Collateral

☒ none

15 GUARANTOR INFORMATION

☒ not applicable

16 Name of guarantor

18 Amount Guaranteed (\$)

17 Guarantor address; City; State; Zip Code

19 Principal Occupation

20 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a financial institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3	
2 FILER NAME RICK HARRIS		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/6/08	5 Payee name U.S.C.C.		7 Amount (\$) 1400.76
6 Payee address; City; State; Zip Code P.O. Box 200185 ARLINGTON, TX 76006			
8 Purpose of payment (See instructions regarding type of information required.) ART & PRINTING - SIGNS, PUSH CARDS REMIT ENVELOPES		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
Date 4/8/06	Payee name SAM'S CLUB		Amount (\$) 101.39
Payee address; City; State; Zip Code 2225 W. I-20 GRAND PRAIRIE, TX 75052			
Purpose of payment (See instructions regarding type of information required.) FOOD FOR FUNDRAISER		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
Date 4/8/06	Payee name ALBERTSON'S		Amount (\$) 16.28
Payee address; City; State; Zip Code 5950 S. COOPER ST. ARLINGTON, TX 76017			
Purpose of payment (See instructions regarding type of information required.) FOOD FOR FUNDRAISER		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
Date 4/9/06	Payee name KROGER'S		Amount (\$) 13.99
Payee address; City; State; Zip Code 5330 S. COOPER ARLINGTON, TX 76017			
Purpose of payment (See instructions regarding type of information required.) FOOD FOR FUNDRAISER		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

20F3

2 FILER NAME

RICK HARRIS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4/9/06

ALBERTSON'S

6 Payee address; City; State; Zip Code

2121 N. COLLINS ST.
ARLINGTON, TX 76011

37.57

8 Purpose of payment (See instructions regarding type of information required.)

FOOD, ICE, CANDY, ETC / FUNDRAISER

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4/9/06

ALBERTSON'S

Payee address; City; State; Zip Code

5950 S. COOPER ST.
ARLINGTON, TX 76017

44.99

Purpose of payment (See instructions regarding type of information required.)

SHEET CAKE / FUNDRAISER

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4/15/06

THE UPS STORE

Payee address; City; State; Zip Code

835 E. CAMAR
ARLINGTON, TX 76011

24.79

Purpose of payment (See instructions regarding type of information required.)

BOXES

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4/22/06

OFFICE DEPOT

Payee address; City; State; Zip Code

2501 E. RANDOL MILL RD
ARLINGTON, TX 76011

107.00

Purpose of payment (See instructions regarding type of information required.)

INK CARTRIDGES,
THANK YOU CARDS

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3 of 3

2 FILER NAME

RICK HARRIS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

BOOKER INDUSTRIES

7 Amount (\$)

4/24/06

6 Payee address; City; State; Zip Code

5415 MAPLE AVE, SUITE 230
DALLAS, TX 75235

386.10

8 Purpose of payment (See instructions regarding type of information required.)

WALK LIST, PHONE FILE

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

U.S.C.C.

Amount (\$)

4/28/06

Payee address; City; State; Zip Code

P.O. Box 200185
ARLINGTON, TX 76006

5529.52

Purpose of payment (See instructions regarding type of information required.)

MAILER #1, CONSULTING FEE,
AUTO DIALER

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

THE HOME DEPOT

Amount (\$)

4/5/06

Payee address; City; State; Zip Code

4611 S. COOPER ST.
ARLINGTON, TX 76017

200.91

Purpose of payment (See instructions regarding type of information required.)

STAKES, NAILS, HARDWARE FOR
SIGNS

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

U.S.C.C.

Amount (\$)

4/4/06

Payee address; City; State; Zip Code

P.O. Box 200185
ARLINGTON, TX 76006

1000.00

Purpose of payment (See instructions regarding type of information required.)

POLITICAL
CONSULTING FEE

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <u>2</u>
2 FILER NAME <u>RICK HARRIS</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>4/5/06</u>	5 Payee name <u>THE HOME DEPOT</u> 6 Payee address; City; State; Zip Code <u>4611 SOUTH COOPER ST</u> <u>ARLINGTON, TX 76017</u> 7 Purpose of expenditure (See instructions regarding type of information required.) <u>STAKES, NAILS, HARDWARE FOR SIGNS</u>	8 Amount (\$) <u>200.91</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>4/8/06</u>	Payee name <u>SAM'S CLUB</u> Payee address; City; State; Zip Code <u>2225 W. I-20</u> <u>GRAND PRAIRIE, TX 75052</u> Purpose of expenditure (See instructions regarding type of information required.) <u>FOOD FOR FUNDRAISER</u>	Amount (\$) <u>101.39</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>4/8/06</u>	Payee name <u>ALBERTSON'S</u> Payee address; City; State; Zip Code <u>5950 S. COOPER</u> <u>ARLINGTON, TX 76017</u> Purpose of expenditure (See instructions regarding type of information required.) <u>REFRESHMENTS / FUNDRAISER</u>	Amount (\$) <u>16.28</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>4/9/06</u>	Payee name <u>KROGER</u> Payee address; City; State; Zip Code <u>5930 S. COOPER</u> <u>ARLINGTON, TX 76017</u> Purpose of expenditure (See instructions regarding type of information required.) <u>REFRESHMENTS / FUNDRAISER</u>	Amount (\$) <u>13.99</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>4/9/06</u>	Payee name <u>ALBERTSON'S</u> Payee address; City; State; Zip Code <u>2121 N. COLLINS</u> <u>ARLINGTON, TX 76011</u> Purpose of expenditure (See instructions regarding type of information required.) <u>ICE, BEVERAGES, CANDY / FUNDRAISER</u>	Amount (\$) <u>37.57</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 of 2

2 FILER NAME

RICK HARRIS

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/9/06

5 Payee name

ALBERTSON'S

6 Payee address; City; State; Zip Code

5950 S. COOPER
ARLINGTON, TX 76017

7 Purpose of expenditure (See instructions regarding type of information required.)

CAKE FOR FUNDRAISER

8 Amount (\$)

44.99



Reimbursement
from political
contributions
intended

Date

4/15/06

Payee name

THE UPS STORE

Payee address; City; State; Zip Code

835 E. LAMAR
ARLINGTON, TX 76011

Purpose of expenditure (See instructions regarding type of information required.)

BOXES, TAPE

Amount (\$)

24.79



Reimbursement
from political
contributions
intended

Date

4/22/06

Payee name

OFFICE DEPOT

Payee address; City; State; Zip Code

2501 E. RANDOL MILL RD
ARLINGTON, TX 76011

Purpose of expenditure (See instructions regarding type of information required.)

INK CARTRIDGES, THANK YOU CARDS

Amount (\$)

107.00



Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)



Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)



Reimbursement
from political
contributions
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H: 1**2** FILER NAMERICK HARRIS**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Business nameNONE**7**Amount
(\$)**6** Business address; City; State; Zip CodeNONEØ**8** Purpose of payment (See instructions regarding type of information required.)**9** .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: *1***2** FILER NAME*RICK HARRIS***3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name*NONE***8** Amount
(\$)**6** Payee address; City; State; Zip Code*NONE***7** Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

1

2 FILER NAME

RICK HARRIS

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/19/06

5 Payor name

CITY OF ARLINGTON

6 Payor address; City; State; Zip Code

P.O. BOX 90231
ARLINGTON, TX 76004

8 Amount (\$)

100.00

7 Reason for credit

RETURN OF SECURITY DEPOSIT FOR ROOM RENTAL

Date

Payor name

Payor address; City; State; Zip Code

Amount (\$)

Reason for credit

Date

Payor name

Payor address; City; State; Zip Code

Amount (\$)

Reason for credit

Date

Payor name

Payor address; City; State; Zip Code

Amount (\$)

Reason for credit

Date

Payor name

Payor address; City; State; Zip Code

Amount (\$)

Reason for credit

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED